

MIAMI-DADE COUNTY DEPARTMENT OF REGULATORY AND ECONOMIC RESOURCES PUBLIC RECORDS REQUEST

Requestor Informa	tion:
Name:	
Organization:	
Address 1:	
Address 2:	
Phone Number:	
Email Address:	
Information Reque	ested:
Request Date:	
Records Requested	d (Please describe in detail – include dates involved in request):

Requests must be made in person to the address below. **Please be advised that there is a minimum \$40.00 research fee which applies for all records request.** An additional research fee of \$20 per half hour may apply on any request that requires more than one hour to retrieve the requested information. Research fees are pursuant to Miami-Dade County Implementation Order 4-42 and all copies of the requested research material will be provide on a CD. Payments must be made payable to Miami-Dade County and is due at the time of request.